PATENT APPLICATION FEE DETERMINATION RECORD

Effective January 1, 2003

CLAIMS AS FILED - PART I

Application or Docket Number

10/664,026

CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL ENTITY TYPE			OTHER THAN SMALL ENTITY	
TOTAL CLAIMS			10				R	ATE	FEE	1	RATE	FEE
FOR			NUMBER FILED		NUMBER EXTRA		BAS	IC FEE	375.00	OR	BASIC FEE	750.00
TOTAL CHARGEABLE CLAIMS			minus 20=		* \(\begin{align*} \eqrical{B} \\ \eqrical{B} \eqrical{B} \\ \eqri		×	\$ 9=		OR	X\$18=	
INDEPENDENT CLAIMS			minus 3 = *		*	8		42=		OR	X84=	
MU	ILTIPLE DEPEN	IDENT CLAIM PI	RESENT			<u>V</u>	+1	40=		OR	+280=	Ź80.
* If	the difference	in column 1 is	ess than zero, enter "0" in colu			olumn 2	TC	TAL		OR	TOTAL	1030.
CLAIMS AS AMENDED - PART II										•	OTHER	
_		(Column 1)	28522500 ARRAY (47.47.47.47.47.47.47.47.47.47.47.47.47.4	(Column 2) HIGHEST			SMALL ENTITY			OR	SMALL	ENTITY
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		NUME PREVIO PAID I	BER OUSLY	PRESENT EXTRA	R	ATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=	X	9=		OR	X\$18=	
AME	Independent * FIRST PRESENTATION OF MU		Minus			=	×	42=		OR	X84=	
_	1		·	LINDEIN	OLD (IIII)		+1	40=		OR	+280=	•
	TOTAL ADDIT. FEE									OR	TOTAL ADDIT. FEE	
					•							
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGHI NUME PREVIO PAID I	BER BUSLY	PRESENT EXTRA	R/	ATE	ADDI- TIONAL FEE	·	RATE	ADDI- TIONAL FEE
	Total	*	Minus	**	•	=	X	9=		OR	X\$18=	
	Independent	* NTATION OF MU	Minus	***	CL AIAA	=	X	12=		OR	X84=	
L	FINST FRESE	NIATION OF MC	JUIPLE DEF	ENDENT	CLAIM		+1	40=		OR	+280=	
			OTAL T. FEE		OR	TOTAL ADDIT. FEE						
(Column 1) (Column 2) (Column 3)												
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUME PREVIO PAID F	BER USLY	PRESENT EXTRA	RA	TE.	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=	X\$	9=		OR	X\$18=	
	Independent	*	Minus	***	CLAIM	=	X4	2=		OR.	X84=	
<u> </u>	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM +140=									OR	+280=	
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."											TOTAL ADDIT FEE	
		ber Previously Pai					found in	the app	ropriate box	in col	umn 1.	